

DECLARATION AND POWER OF ATTORNEY

USA/PCT

As a below named inventor, I hereby declare that:

- (a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.
(b) I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: **A WATER-FREE PREPARATION PROCESS FOR MULTIMODAL THERMOPLASTIC POLYMER FOAM AND FOAM THEREFROM**
and the specification of which: is attached hereto _____.
(check one) was filed on September 28, 2001 as (60418A).
Application No. 09/966,632
and was amended on _____

(c) **MARKED** I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

- (d) I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.

(e) I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below or §365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)
Number Country or PCT Day/Month/Year Filed

PRIORITY CLAIMED **CERTIFIED COPIES INCL.**

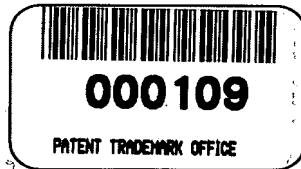
Additional claims for benefit are attached.

(f) I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

US or PCT Appln. Serial No. **Filing Date** **Status at Application Filing Date**
60/242,864 **October 24, 2000** **Pending**

Additional claims for benefit are attached.

I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to



This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):

At: Midland, Michigan 48674 USA
this 15 day of November, 2001

Signature: Yohannes Chonde
Full Name: Yohannes Chonde
Residence: 2706 Highbrook Road
Midland, Michigan 48642
Country: United States of America
Citizenship: United States of America
P. O. Address: Same as Residence

At: Midland, Michigan 48674 USA
this 15 day of November, 2001

Signature: *Daniel Imeokparia*
Full Name: Daniel Imeokparia
Residence: 5312 Vandemere Drive
Midland, Michigan 48642
Country: United States of America
Citizenship: Nigeria
P.O. Address: Same as Residence

At: Midland, Michigan 48674 USA
this 20 day of November, 2008

Signature: John Horstman
Full Name: John B. Horstman
Residence: 2806 West River Road
Midland, Michigan 48642
Country: United States of America
Citizenship: United States of America
P. O. Address: Same as Residence

At: Midland, Michigan 48674 USA
this 14 day of NOVEMBER, 2001

Signature: *Robert A. Kirchhoff*
Full Name: Robert A. Kirchhoff
Residence: 3800 Fuller Drive
Midland, Michigan 48642
Country: United States of America
Citizenship: United States of America
P. O. Address: Same as Residence

Additional names and signatures are attached.

Additional names, addresses and signatures to be attached to Form No. 1000
Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: Midland, Michigan 48674 USA
this 15th day of November, 2001

Signature: Kyung W. Seok

Signature: Kyung W. Suh
Full Name: **Kyung W. Suh**
Residence: **6204 Evergreen**
City, State, Zip: **Midland, Michigan 48642**
Country: **United States of America**
Citizenship: **United States of America**
P. O. Address: **Same as Residence**

At: _____
this _____ day of _____, 20____

Signature: _____
F.I.L.N.

Full Name:

Residence:

City, State,

Country:

Citizenship: P. S. A. 11

P. O. Address

At: _____
this ____ day of _____, 20____

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

Signature:
Full Name:
Residence:
City, State, Zip:
Country:
Citizenship:
P.O. Address:

At: _____
this ____ day of _____, 20____

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

Signature: _____
Full Name:
Residence:
City, State, Zip:
Country:
Citizenship:
P. O. Address:

At: _____
this _____ day of _____, 20____

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name:
Residence:
City, State, Zip:
Country:
Citizenship:
P. O. Address:

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____